## PATENT APPLICATION FEE DETERMINATION RECORD

ټ.

Effective October 1, 2001

Application or Docket Number

OR 01-15901

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                                     |              |                                  |                  |   | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|---|---|---|-------------------------------------|--------------|----------------------------------|------------------|---|-------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 24                                  |              |                                  |                  | ſ | RATE              | FEE                    |                            | RATE                | FEE                    |  |
| FOR   |   |   | NUMBER FILED                        |              | NUMBER EXTRA                     |                  | [ | BASIC FEE         | 370.00                 | OR                         | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 24 minus 20=                        |              | * 4                              |                  |   | X\$ 9=            |                        | OR                         | X\$18=              | 72                     |  |
| INDEPENDENT CLAIMS  |   |   | 3 minus 3 =                         |              | * 0                              |                  |   | X42=              |                        | OR                         | X84=                | 0                      |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                              |              |                                  |                  |   | +140=             |                        | OR                         | +280=               | 8                      |  |
| * If  | the difference  | in column 1 is                            | less than zero, enter "0" in column |              |                                  | olumn 2          | L | TOTAL             |                        | OR                         | TOTAL               | 812                    |  |
| CLAIMS AS AMENDED - PART II   |   |   |                                     |              |                                  |                  |   | •                 |                        |                            | OTHER               | THAN                   |  |
|   |   | (Column 1)                                | and the same                        |              | mn 2)                            | (Column 3)       | _ | SMALL E           | ENTITY                 | OR                         | SMALL               | ENTITY                 |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                               | **           |                                  | =                |   | X\$ 9=            |                        | OR                         | X\$18=              |                        |  |
|   | Independent   | *   | Minus                               | ***          | T OL 4114                        | -                |   | X42=              |                        | OR                         | X84=                |                        |  |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DE                          | PENDEN       | CLAIM                            |                  | 5 | +140=             |                        | OR                         | +280=               |                        |  |
|   | TOTAL<br>ADDIT. FEE   |   |                                     |              |                                  |                  |   |                   |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |   |                                     |              |                                  |                  |   |                   |                        | - 8                        |                     |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NU!<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                               | **           |                                  | =                |   | X\$ 9=            |                        | OR                         | X\$18=              |                        |  |
|   | Independent   | *   | Minus                               | ***          |                                  | =                |   | X42=              |                        | OR                         | X84=                |                        |  |
| L   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DE                          | PENDEN       | IT CLAIM                         |                  | J | +140=             |                        | OR                         |                     |                        |  |
|   | TOTAL   |   |                                     |              |                                  |                  |   |                   |                        | OR                         | TOTAL               |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |   |                                     |              |                                  |                  |   |                   |                        |                            |                     |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NU<br>PREV   | HEST<br>MBER<br>YIOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                               | **           |                                  | =                |   | X\$ 9=            |                        | OR                         | X\$18=              |                        |  |
|   | Independent   | *   | Minus                               | ***          | IT OL ALL                        | =                |   | X42=              |                        | OR                         | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=  |   |                                     |              |                                  |                  |   |                   |                        | OR                         |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                     |              |                                  |                  |   |                   |                        | OR                         | TOTA                |                        |  |
| skrikt  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                     |              |                                  |                  |   |                   |                        |                            |                     |                        |  |